

Counselor Preparation

Preparing Counselors for Work with Older People

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Several indicators suggest that older persons have been accepted as one of the special populations in U.S. society with whom counselors may appropriately work and for whom counselors need special preparation. Various approaches to providing such preparation are identified, including the integrated, separate course, concentration, and interdisciplinary models. Advantages and limitations of each model are discussed. The basic competencies described in the *Accreditation Manual* of the Council for Accreditation of Counseling and Related Educational Programs (1982) are proposed as an appropriate guide for the content of gerontological counseling curricula. Examples of how gerontological counseling topics can relate to the basic competencies are provided.

The basic facts about the aging of America are widely recognized. In the United States, the number of older persons is increasing, older persons constitute an increasing proportion of the population, and adults, on the average, can expect to live into their 70s. Although they are not necessarily a direct result of aging, several factors are characteristic of later life: chronic illnesses, multiple losses, diminished financial and social resources, but also free time for new opportunities. These facts about the life of older people affect all of society in the United States. Employment patterns, population mobility, politics, taxes, family relationships, and social services are directly affected. Counseling services for older persons are thus increasingly important.

The counseling of any special population and preparation for such work raises certain questions, such as questions about the universality of theories and techniques versus the need for new or adapted approaches and about the presumed unique aspects of the special group. For those who ascribe to the position that different groups do have identifiable,

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special circumstances and needs that require new and adapted information and approaches, preparation for counseling with a new group raises the question of how counselors should be prepared to work with the particular group.

CURRENT SITUATION

Regarding the counseling of older persons, some of the issues of universality versus specialization of techniques seem largely resolved. The prevailing view is that the counseling of older persons is both similar to and different from counseling with others and that some specific preparation is warranted, although such counseling builds on a foundation common to all counseling (Waters, 1984). Publication of special issues of journals (Capuzzi, 1982; Colangelo & Pulvino, 1980; Ganikos, 1979; Blake & Ganikos, 1984; Myers & Rimmer, 1982; Sinick, 1976), several books (Burnside, 1984; Gallagher & Thompson, 1981; Herr & Weakland, 1979; Keller, 1981; Okun, 1984; Pulvino & Colangelo, 1980; Storandt, 1983), and numerous articles specifically on the counseling of older persons support this conclusion. In addition, AACD has completed two federally funded national projects to develop special curriculum materials for use in training counselors to work with older people (Ganikos, 1979; Myers, 1981) and a third project designed to train practicing professional counselors in basic aspects of gerontological counseling.

Further evidence that older persons are seen as a "special" population for counseling is provided by a study of counselor educators' views on 48 possible trends in the field (Daniel & Weikel, 1983). Of the 48 possible trends ranked by counselor educators, the 4 highest were (a) there will be an increase in gerontological counseling as a speciality, (b) there will be a new emphasis on career counseling throughout the life span, (c) emphasis on counseling through the life span will increase, and (d) there will be an increase in counseling with adult populations.

To some extent these anticipated trends are already being realized. Hollis and Wantz (1983) reported that new courses in the area of gerontological counseling were among the fastest growing in number of any new counseling courses. Although 6% of counselor education programs offered a course in counseling older persons in 1975 (Salisbury), in a 1983 replication of the earlier study Myers found that 37% of counselor education programs offered such courses. Of the programs surveyed in 1983, 9% offered a specialization in gerontological counseling and an additional 26% indicated the intention to add such course work to their curricula (Myers, 1983).

A substantial and expanding amount of literature is available regarding the counseling of older persons. The effectiveness of counseling with older persons has been reviewed (Wellman & McCormack, 1984) and the employment experience of gerontological counselors explored (Myers

& Blake, 1984). Although neither area has by any means been adequately studied, the conclusions thus far are encouraging. It seems that trained counselors are able to obtain jobs working with older persons, and that these counselors are able to meet effectively the counseling needs of their older clientele.

Counselor education programs are increasingly addressing the topic of older persons. The National Board of Certified Counselors' examination includes items on older adults, increasing numbers of counselors are working with older people, and additional employment opportunities exist. The course seems set. Unless an unanticipated reversal takes place, there will be an increasing involvement of counselors with older persons, and the belief that specialized preparation is needed for counseling older persons seems widely accepted. What is not clear is the manner in which the content of such specialized preparation is to be organized or the delivery format. Myers (1983) found great variation among programs in the type of preparation being provided for gerontological counseling. Her findings demonstrated that preparation typically was not well integrated into the curriculum. Moreover, there seemed to be no clear common core of information being provided by the different programs that specialized in gerontological counselor preparation.

PROPOSAL

Preparing counselors to work with any special population requires a twofold approach. First and foremost, basic counselor competencies should be addressed. Second, knowledge and skills specific to the special population should be identified. For the purposes of this article, the basic competencies are those defined in the *Accreditation Manual* of the Council for the Accreditation of Counseling and Related Educational Programs Council (1982), referred to hereafter as the *Standards*. Presumably, all counselor education students will receive generic training in each area identified in the *Standards*. Those wishing to specialize in working with a particular population may take elective course work to complete their training. The variety of elective course work taken contributes to the current variability in gerontological counselor preparation.

We suggest that the *Standards* provide an adequate and appropriate framework for the incorporation of specialized course work on counseling older persons into a counselor education curriculum. Eight core areas of study considered to be necessary in the preparation of all counselors and supervised experiences are described by these *Standards*. A variety of possibilities for integrating aging-related content in relation to each of the core areas could be identified, and a few examples are offered here. These examples are not exhaustive but are intended to illustrate the point. The following is a list of core preparation areas in

counseling programs followed by suggested topics or content about older people that could be integrated into the core course area.

- Human growth and development: life span development, theories of aging, developmental stages and tasks of later adulthood.

- Social and cultural foundations: older persons as a minority group, older women, changing population demography and increased numbers of older people, leisure and life-style.

- The helping relationship: impact of counselor and client age on interactions, ageist attitudes and beliefs, theories of personality and aging, techniques for use with older persons (such as life review therapy).

- Group dynamics, processes, and counseling: pros and cons of groups for older people, structured versus unstructured groups, life review therapy groups, educational and guidance groups, and supported groups.

- Life-style and career development: sources of occupational and educational information for older people, retirement adjustments, use of leisure time.

- Appraisal of individuals: validity of tests with older people, special techniques for testing older people, instruments for use with older people, renorming instruments for use with older people.

- Research and evaluation: obtaining access to older subjects, grant funding in aging, accommodating needs of older persons as research subjects.

- Professional orientation: professional associations in gerontology, gerontology certificate programs, roles of gerontological counselors, legal and ethical issues in gerontological counseling.

- Supervised experiences: aging network agencies, geriatric mental health hospitals and agencies, settings where older persons comprise a large segment of the clientele.

From this list it can be seen that it is entirely possible to integrate knowledge related to older persons into existing core areas of counselor preparation. Counselors and counselor educators experienced in working with older persons and familiar with the related literature can readily identify appropriate information, experiences, and skills within this framework. The *Standards* provide an adequate general guideline and permit ample latitude for diversity in specific content.

The *Standards* also provide ample latitude to individual programs in determining their own best way to establish specific curriculum materials within the total program. The *Standards* do not dictate whether materials are to be integrated into existing courses, provided as separate courses in or outside the department, or offered through some combination of these approaches. Developers of programs may determine, on the basis of their own existing curriculum, organizational structure, faculty interest and competencies, and other pertinent factors, how best to meet

the core requirements and may make similar decisions regarding specialized gerontological counseling curricula.

From a review of the literature on the preparation of counselors for work with racial and ethnic minority populations, Copeland (1982) identified four basic models for preparation to work with special groups in counselor education. These four models are also applicable to the preparation of counselors for work with older persons, but, as Copeland noted, each of the models has its own problems and advantages. The four alternative models are (a) the integration model, (b) the separate course model, (c) the area of concentration model, and (d) the interdisciplinary model. We suggest that the *Standards* provide a useful curriculum outline that may be implemented through any of these four models, or a combination of two or more. Some of the models, however, have more promise than others for adequately preparing counseling students to work with older persons and in relation to aging.

Integrated Model

In the integrated model, existing counselor education courses are adjusted to include relevant information about older persons, their environment, and how to counsel them. Because many of the common core areas of study identified in the *Standards* (and in the above list) are typically taught in a particular course (for example, Life Style and Career Development being taught in courses titled *Career Development* or *Vocational Counseling*), it is easy to identify how the examples provided in the above list could be incorporated into existing courses. Furthermore, it would be important for all counseling students to learn about aging and the later years as an integral part of their counselor education. Aging is a *part of* the life span, and it seems inappropriate and undesirable that it be viewed as *apart from* the rest of life.

Regardless of work setting, all counselors may expect to encounter in their caseloads older persons or clients who have relationships with older persons. The integrated model has substantial advantages for providing all counseling students with the breadth, level, and nature of preparation appropriately suited to their anticipated work setting. Not all counselors need to know the same things about gerontological issues. What counselors in a mental health center need to know is different from the knowledge elementary school counselors can use. Elementary school counselors, for instance, would be more concerned with the early development of attitudes toward aging and older persons. Mental health counselors' concerns would be substantially different, incorporating the etiology and treatment of emotional disorders. The integration model, extending throughout the curriculum, even into other specialized courses, provides the greatest flexibility in meeting such diverse needs.

Although the benefits of implementing an integrated model can be substantial, the obstacles to this approach are also substantial. The model requires broad interest and competence in the area of aging among most, if not all, faculty and a willingness to systematically revise substantial portions of the curriculum. These are requirements that frequently are not completely met. Nevertheless, we encourage use of the integrated model to the fullest extent possible for the reasons stated above.

Separate Course Model

This model may be the easiest to implement for many programs in which the addition of new courses is not excessively difficult. It requires only one interested faculty member and reduces or eliminates the need for wider course changes and faculty involvement. If offered as a requirement, the separate course could provide a limited background of information about older people to all students.

One of the major obstacles to implementing this approach is that programs are often already "too full" or "too good" to permit either an additional course or the removal of an old course to make way for a new offering. In this approach it may also be difficult to avoid duplication of content, as, for example, when discussing the development of older adults or the techniques to be used in counseling. In our judgment, no single course could adequately accommodate the diverse needs of the students anticipating a wide range of work settings. Nevertheless, for those programs that adopt this model, the *Standards* can provide an outline of general areas or topics to be included in a separate course.

Area of Concentration Model

The area of concentration model is an approach that includes several courses taught in the counselor education department and that generally incorporates a practicum or internship in an appropriate setting. Because this model would be directed at relatively few students wishing to specialize, it would, by itself, not meet the needs of all students for whom some aging-related preparation is appropriate and, perhaps, essential. It could, of course, be provided in combination with other models. When offered in combination with the integrated model previously discussed, the area of concentration model would provide an opportunity for in-depth study of major issues and techniques for working with older people. Course titles and topics such as life-style counseling for older persons, counseling for loss and grief, and counseling needs of older persons would be examples of such specialized preparation. Few counselor education programs are likely to have the qualified faculty or numbers of interested students to implement this model adequately. Therefore, this model involves a more extensive commitment and greater resources in

the counselor education department and is probably only relevant to a minority of programs.

Interdisciplinary Model

By making use of faculty and courses in other departments, the interdisciplinary model reduces the need for involvement of counselor educators and large numbers of counseling students in a particular specialty area. It does not eliminate the need for specific gerontological counseling instruction to be provided by qualified counselor educators, but much of the instruction relevant to the core areas of the *Standards* can be taught by instructors in various departments. One of the obstacles to the use of this approach may be reluctance of counselor education programs to have students take courses outside their home department. Of course, this model can be implemented only where relevant courses exist outside the department. At least one course in gerontological counseling in the counseling education program would seem to be always necessary to bring together students with similar interests and to bridge the gap between gerontology and counseling.

It should be noted, however, that coursework in gerontology has existed for a long time in many fields and has expanded rapidly in many colleges and universities. Examples of such courses taught by faculty outside the counseling program in the universities where the authors of this article are employed are: Aging and Human Behavior, Clinical Psychology of Aging, Programs and Services for the Aged, Hospice, Mid-Life Career Change and Pre-retirement Education, Health Aspects of Aging, Religion and Aging, and Mental Health and Aging. The relevance of such courses to the *Standards* is apparent.

It is our view that preparation of counselors specifically in the counseling of older persons is improved when extensive specialized course offerings are taught on an interdisciplinary basis. Counselor education programs by themselves are unlikely to have the necessary breadth or depth of expertise or the number of specializing students, to make many courses feasible. The availability of a wide variety of such courses that students may take as electives is not an adequate substitute for either a separate, required course or the implementation of the integrated model. Practicing counselors, however, who wish to broaden their knowledge about older persons might well examine the catalogs of nearby institutions and consider taking some of the courses in gerontology that are available.

CONCLUSION

Counselor education has been increasing its instructional offerings in gerontological counseling, and it seems likely that this trend will con-

tinue. Whichever of the various approaches a program uses as the means for providing this instruction, the *Standards* provide a guide to curriculum areas to be included. This is true both for counselors wishing to specialize in the counseling of older persons and for those whose anticipated clientele and work setting are not primarily focused on aging or older persons. For all counselor preparation programs concerned with addressing the core areas of training, the provision of aging-related or life span instruction for all students relevant to their anticipated clientele is an appropriate minimal expectation. Those institutions capable of providing extensive course work and specialized counseling practicums in gerontology may also wish to develop gerontological counseling as an area of specialization.

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